

COLUMBIA COUNTY BOARD OF COMMISSIONERS

STATEMENT OF UNDERSTANDING

I have read and understand the Educational Reimbursement policy for employees of the Columbia County Board of Commissioners. I am submitting herewith my application for tuition reimbursement.

I understand and agree that if I receive tuition reimbursement benefits and voluntarily resign my employment with the Columbia County Board of Commissioners or I am dismissed for cause by the County within one year of receipt of any tuition reimbursement benefits, any and all such funds received must be returned by me to the County or I understand that the amount will be deducted from my final paycheck.

Employee Signature

Date

Employee Supervisor

Date

Copy: Human Resources